

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000086202

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** PERFECT C.N.A. TRAINING ACADEMY, LLC

**Current Principal Place of Business:**

952 CESERY BOULEVARD  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

8576 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

952 CESERY BOULEVARD  
JACKSONVILLE, FL 32211

**New Mailing Address:**

8576 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211

**FEI Number:** 27-2322756

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MATHIS, EUNICE A  
1208 CLOCK STREET  
4C  
JACKSONVILLE, FL 32211 US

**Name and Address of New Registered Agent:**

MATHIS, EUNICE A  
8576 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: EUNICE MATHIS

04/12/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: MATHIS, EUNICE A PRESID  
Address: P.O. BOX 43624  
City-St-Zip: JACKSONVILLE, FL 32203

Title: MGR  
Name: MATHIS, EUNICE A ADMIN  
Address: P.O. BOX 43624  
City-St-Zip: JACKSONVILLE, FL 32203

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EUNICE MATHIS

PRES

04/12/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date